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Provide the Hospital Owner and Year of Report per Section 130061(e)

| Facility Number: | 10856 | |
|---------------------|-----------|---------------------------------|
| Facility Name: | Regional | Medical of San Jose |
| Address: | 225 North | n Jackson Avenue |
| City: | San Jose | |
| | | |
| Hospital Owner/Lic | censee: | Please Enter License/Owner Name |
| Year of Rep | porting: | 2010 |
| Contact 1 e-mail A | ddress: | |
| Contact 2 e-mail A | ddress: | |
| Contact 3 e-mail Ac | ldress:: | |
| Name of Sul | bmitter: | J. Paul Tucker |
| Submissio | n Date: | 1/27/2011 1:00:00 PM |

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

| Bldg. No. | Building Name | Alternate Building Address | Building Resolution | Final SPC Rating If Required | Extension Date | Anticipated Completion Date |
|--------------|----------------------|----------------------------|------------------------|---------------------------------|-------------------|-----------------------------|
| 01 | Main Tower and North | 225 North Jackson Avenue | Remove | N/A | 01/01/2015 | 01/01/2015 |
| 02 | South Wing | 225 North Jackson Avenue | Remove | N/A | | 01/01/2015 |
| 03 | Obstetrics Wing | 225 North Jackson Avenue | Remove | N/A | 01/01/2015 | 01/01/2015 |

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

| Building Number: 01 Building Name: Main Tower and North Wing | | | | | | | | |
|--|-------------------|--------------------------|--------------------------------|-----------------------------|--|--|--|--|
| Type of Service Provided | | | | | | | | |
| Nursing | Inpatient Beds | 126 Inpatient 23349 Days | Surgical | Obstetrical Recovery | | | | |
| IntensiveCare | Inpatient Beds | 0 Inpatient Days 0 | Anesthesia | Newborn/ WellBaby | | | | |
| Pediatric/Adol escent | Inpatient Beds | 8 Inpatient Days 750 | Clinical Lab | Emergency | | | | |
| Psychiatric Nursing | Inpatient Beds | 0 Inpatient Days 0 | Radiological/ Imaging | Nuclear Medicine | | | | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 Inpatient Days 0 | Pharmaceutical Dietetic | X Rehabilitation Therapy | | | | |
| Intermediate Care | Inpatient Beds | 46 Inpatient Days 10939 | X Administration | Renal Dialysis | | | | |
| Skilled Nursing | Inpatient Beds | 0 Inpatient Days 0 | X Support Services Obstetrical | Outpatient Surgery | | | | |
| | | Total Beds this Building | Cesarean/Deliv | Central Plant | | | | |

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

| Building Number: 02 | Buildi | ng Name: South Wing | | |
|----------------------------|-------------------|------------------------------------|--|---------------------------|
| Type of Service Prov | <u>rided</u> | | | |
| Nursing | Inpatient Beds | 0 Inpatient 0 Days | Surgical | Obstetrical Recovery |
| IntensiveCare | Inpatient Beds | 0 Inpatient Days 0 | Anesthesia | Newborn/ WellBaby |
| Pediatric/Adol escent | Inpatient Beds | 0 Inpatient Days 0 | Clinical Lab | Emergency |
| Psychiatric Nursing | Inpatient Beds | 0 Inpatient Days 0 | Radiological/ Imaging | Nuclear Medicine |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 Inpatient Days 0 | Pharmaceutical Dietetic | Rehabilitation Therapy |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | Administration | Renal Dialysis |
| Skilled Nursing | Inpatient Beds | 0 Inpatient Days 0 Total Beds this | X Support Services Obstetrical Cesarean/Deliv | Outpatient Surgery |
| | | Building | | X Central Plant |

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

| Building Number: 03 | Buildi | ng Name: Obstetrics Wing | | |
|----------------------------|-------------------|----------------------------|--------------------------------|-----------------------------|
| Type of Service Prov | <u>rided</u> | | | |
| Nursing | Inpatient Beds | 0 Inpatient 0 Days | Surgical | Obstetrical Recovery |
| IntensiveCare | Inpatient Beds | 6 Inpatient Days 175 | X Anesthesia | Newborn/ WellBaby |
| Pediatric/Adol escent | Inpatient Beds | 0 Inpatient Days 0 | Clinical Lab | Emergency |
| Psychiatric Nursing | Inpatient Beds | 0 Inpatient Days 0 | Radiological/ Imaging | Nuclear Medicine |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 Inpatient Days 0 | Pharmaceutical Dietetic | X Rehabilitation Therapy |
| Intermediate Care | Inpatient Beds | 0 Inpatient Days 0 | Administration | Renal Dialysis |
| Skilled Nursing | Inpatient Beds | 0 Inpatient Days 0 | X Support Services Obstetrical | Outpatient Surgery |
| | | Total Beds this Building 6 | Cesarean/Deliv | X Central Plant |

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

| Building Number: | 01 | Building Name: | Main Tower and North Wing | | |
|----------------------|-----------------------|--------------------------|---------------------------|---|--|
| Medical / Surgical | (Include GYN) | Acute Respir | ratory Care | Acute Psychiatric | |
| Inpatient 126 Bed | Inpatient Days 2334 | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse | Newborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | intensive Car Nursery | e Newborn | Intermediate Card | |
| Inpatient 8 Bed | Inpatient 750 Days | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 46 Bed | Inpatient 1093 Days 9 |
| Intensive Care | | Rehabilitation Center | 1 | Int. Care / developr Disabled | ment |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | 180 | 180 |

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

| Building Number: | 02 | Building Name: Sou | th Wing | | |
|--------------------|---------------------|------------------------------|---------------------|---|--|
| Medical / Surgical | (Include GYN) | Acute Respiratory | Care | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse | Newborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | intensive Care Ne Nursery | wborn | Intermediate Card | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | | Int. Care / developn Disabled | nent |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | 0 | 0 |

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

| Building Number: | 03 | Building Name: | Obstetrics Wing | | |
|--------------------|---------------------|---------------------------|--------------------|---|--|
| Medical / Surgical | (Include GYN) | Acute Respira | tory Care | Acute Psychiatric | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse | Newborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed | 0 Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | intensive Care Nursery | Newborn | Intermediate Card | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient Bed | Inpatient 175 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | | Int. Care / develop | ment |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient (| Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient (| Inpatient 0 Days | 6 | 6 |

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

| Building Number | Building Name | Building to be Removed |
|--------------------|-------------------------------|---------------------------|
| 01 | Main Tower and North Wing | X |
| 02 | South Wing | X |
| 03 | Obstetrics Wing | X |
| 04 | Emergency Department Building | |
| 05 | Lab Building | |
| 06 | Surgery Building | |
| 07 | ICU/CCU Building | |
| 08 | 7A Outpatient Surgery Center | |
| | | |

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| Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | | |
|---|---|---------------|--------------------------|--------------|-------------------------------|----|---------------------------|
| Building 01 Number: | Building Name: | Main Tower ar | nd North Wing | | Year of Information: | 20 | 08 |
| | | | | Infor Of: | mation Current As | 11 | /01/2010 |
| Type of Services Provided | | , | | | | | |
| X Nursing | Inpatient Beds | 126 | Surgical | | Obstetrical Cesarean/Deliv | X | Rehabilitation Therapy |
| IntensiveCare | Inpatient Beds | 0 | Anesthesia | | | | |
| X Pediatric/Adol escent | Inpatient Beds | 8 | Clinical Lab | | Obstetrical Recovery | | Renal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | Radiological/ Imaging | | Newborn/ VellBaby | | Outpatient Surgery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | Pharmaceutical | E | Emergency | | Central Plant |
| X Intermediate Care | Inpatient Beds | 46 | X Dietetic | | luclear ledicine | X | Support Services |
| Skilled Nursing | Inpatient Beds Total Beds this Building | 180 | X Administration | | | | |

Report Year: 2010 10856 Regional Medical of San Jose San Jose Page:12 of 50 Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) Main Tower and North Wing 2009 01 Year of Building Building Information: Number: Name: 11/01/2010 Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation 126 Nursing Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Renal Dialysis Recovery Clinical Lab Х Pediatric/Adol Inpatient 8 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby **Imaging** Nursing Beds Central Plant Pharmaceutical Obstetrical Inpatient 0 **Emergency** Ante/Postprtum **Beds** |x|Dietetic Nuclear Support Inpatient Intermediate 46 Χ Medicine Services Care Beds Administration Skilled Nursing Inpatient 0

Report Status: **Data Last Update:** 01/14/2011 **Submission Date:** 01/27/2011 **Print Date:** 1/28/2011 8:38 AM

Beds

Building

Total Beds this

180

Report Year: 2010 10856 Regional Medical of San Jose San Jose Page:13 of 50 Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) Main Tower and North Wing 2010 01 Year of Building Building Information: Number: Name: 11/01/2010 Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation 126 Nursing Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Renal Dialysis Recovery Clinical Lab Х Pediatric/Adol Inpatient 8 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby **Imaging** Nursing Beds Central Plant Pharmaceutical Obstetrical Inpatient 0 **Emergency** Ante/Postprtum **Beds** |x|Dietetic Nuclear Support Inpatient Intermediate 46 Χ Medicine Services Care Beds Administration Skilled Nursing Inpatient 0

Report Status: **Data Last Update:** 01/14/2011 **Submission Date:** 01/27/2011 **Print Date:** 1/28/2011 8:38 AM

Beds

Building

Total Beds this

180

Report Year: 2010 10856 Regional Medical of San Jose San Jose Page:14 of 50 Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) South Wing 2008 02 Year of Building Building Information: Number: Name: 11/01/2010 Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation Nursing 0 Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Renal Dialysis Recovery Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby **Imaging** Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 **Emergency** Ante/Postprtum **Beds** |x|Dietetic Support Nuclear Inpatient Intermediate 0 Medicine Services Care Beds

Administration

Report Status: **Data Last Update:** 01/14/2011 **Submission Date:** 01/27/2011 **Print Date:** 1/28/2011 8:38 AM

0

0

Skilled Nursing

Inpatient

Building

Total Beds this

Beds

Report Year: 2010 10856 Regional Medical of San Jose San Jose Page:15 of 50 Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) South Wing 2009 02 Year of Building Building Information: Number: Name: 11/01/2010 Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation Nursing 0 Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Renal Dialysis Recovery Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby **Imaging** Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 **Emergency** Ante/Postprtum **Beds** |x|Dietetic Support Nuclear Inpatient Intermediate 0 Medicine Services Care Beds

Administration

Report Status: **Data Last Update:** 01/14/2011 **Submission Date:** 01/27/2011 **Print Date:** 1/28/2011 8:38 AM

0

0

Skilled Nursing

Inpatient

Building

Total Beds this

Beds

Report Year: 2010 10856 Regional Medical of San Jose San Jose Page:16 of 50 Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) South Wing 2010 02 Year of Building Building Information: Number: Name: 11/01/2010 Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation Nursing 0 Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Renal Dialysis Recovery Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby **Imaging** Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 **Emergency** Ante/Postprtum **Beds** |x|Dietetic Support Nuclear Inpatient Intermediate 0 Medicine Services Care Beds

Administration

Report Status: **Data Last Update:** 01/14/2011 **Submission Date:** 01/27/2011 **Print Date:** 1/28/2011 8:38 AM

0

0

Skilled Nursing

Inpatient

Building

Total Beds this

Beds

Report Year: 2010 10856 Regional Medical of San Jose San Jose Page:17 of 50 Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) Obstetrics Wing 2008 03 Year of Building Building Information: Number: Name: 11/01/2010 Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation Nursing 0 Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 6 Beds Obstetrical Renal Dialysis Recovery Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby **Imaging** Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 **Emergency** Ante/Postprtum **Beds** Dietetic Support Nuclear Inpatient Intermediate 0 Medicine Services Care Beds Administration Skilled Nursing Inpatient 0 Beds

Report Status: **Data Last Update:** 01/14/2011 **Submission Date:** 01/27/2011 **Print Date:** 1/28/2011 8:38 AM

6

Total Beds this

Building

Report Year: 2010 10856 Regional Medical of San Jose San Jose Page:18 of 50 Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) Obstetrics Wing 2009 03 Year of Building Building Information: Number: Name: 11/01/2010 Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation Nursing 0 Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 6 Beds Obstetrical Renal Dialysis Recovery Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby **Imaging** Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 **Emergency** Ante/Postprtum **Beds** Dietetic Support Nuclear Inpatient Intermediate 0 Medicine Services Care Beds Administration Skilled Nursing Inpatient 0

Report Status: **Data Last Update:** 01/14/2011 **Submission Date:** 01/27/2011 **Print Date:** 1/28/2011 8:38 AM

6

Beds

Building

Total Beds this

| Report Year: | 2010 | 10856 | Regional Medical of San Jose | San Jose | Page:19 of 50 |
|--------------|------|-------|------------------------------|----------|---------------|
|--------------|------|-------|------------------------------|----------|---------------|

| Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) | | | | | | | |
|---|-----------------------------|------------|--------------------------|---------|-------------------------------|----|---------------------------|
| Building 03 Number: | Building Name: | Obstetrics | Wing | | Year of Information: | 20 | 010 |
| | | | | In O | formation Current As f: | 11 | /01/2010 |
| Type of Services Provided | | | | | | | |
| Nursing | Inpatient Beds | 0 | Surgical | X | Obstetrical Cesarean/Deliv | X | Rehabilitation Therapy |
| X IntensiveCare | Inpatient Beds | 6 | X Anesthesia | | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | Clinical Lab | X | Obstetrical Recovery | | Renal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | Radiological/ Imaging | X | Newborn/ WellBaby | | Outpatient Surgery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | Pharmaceutical | | Emergency | X | Central Plant |
| Intermediate Care | Inpatient Beds | 0 | Dietetic | | Nuclear Medicine | X | Support Services |
| Skilled Nursing | Inpatient Beds | 0 | Administration | | | | |
| | Total Beds this Building | 6 | | | | | |

| Report Year: | 2010 | 10856 | Regional Medical of San Jose | | San Jose | Page:20 of 50 |
|--------------|------|-------|------------------------------|--|----------|---------------|
|--------------|------|-------|------------------------------|--|----------|---------------|

For the building or buildings to be removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)

| Building I | Building Number: 01 Main Tower and North Wing Removal Date: | | | | | | | | | |
|------------|--|-----------------|--------------------------|---------------|-------------------------------|--|---|---------------------------|--|--|
| Planned | Planned Uses for the building to be removed from acute care service: | | | | | | | | | |
| Planned | use for building: | Medical Office | Building | Jurisdiction: | OSHPD | | | | | |
| Inpatient | services currently of | lelivered in th | e building: | | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | X | Rehabilitation Therapy | | |
| | IntensiveCare | | Anesthesia | | 2. | | | | | |
| | Pediatric/Adol escent | | Clinical Lab | | Obstetrical Recovery | | Ш | Renal Dialysis | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | | Outpatient Surgery | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | · | | | Central Plant | | |
| | Intermediate Care | | Dietetic | | Emergency | | | Cential Flant | | |
| | Skilled Nursing | X | Administration | | Nuclear Medicine | | X | Support Services | | |

| Report Year: | 2010 10856 | Regional Medical of San Jose | | San Jose | Page:21 of 50 |
|--------------|------------|------------------------------|--|----------|---------------|
|--------------|------------|------------------------------|--|----------|---------------|

For the building or buildings to be removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)

| Building I | Number: 02 | South Wir | ng | | | Removal Date: | | 01/01/2015 |
|--|-------------------------------|---------------|--------------------------|---|-------------------------------|------------------|-----|---------------------------|
| Planned Uses for the building to be removed from acute care service: Planned use for building: Clinic Jurisdiction: OSHPD | | | | | | | | |
| Inpatient | services currently deli | ivered in the | e building: | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | | Rehabilitation Therapy |
| | IntensiveCare | | Anesthesia | _ | | | | |
| | Pediatric/Adol escent | | Clinical Lab | | Obstetrical Recovery | | | Renal Dialysis |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | П | · | | | Central Plant |
| | Intermediate Care | | Dietetic | | Emergency | | | |
| | Skilled Nursing | | Administration | | Nuclear Medicine | | [X] | Support Services |

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|--------------|------|-------|------------------------------|----------|---------------|
|--------------|------|-------|------------------------------|----------|---------------|

For the building or buildings to be removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A)

The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B)

The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)

| Building I | Number: 03 | Obstetrics | s Wing | | | Removal Date: | | 01/01/2015 | |
|------------|---|--------------|--------------------------|---------------|-------------------------------|------------------|---|---------------------------|--|
| Planned | Uses for the building t | o be remov | ed from acute car | e service: | | | | | |
| Planned | use for building: | dical Office | Building | Jurisdiction: | Local Authority | | | | |
| Inpatient | Inpatient services currently delivered in the building: | | | | | | | | |
| | Nursing | | Surgical | Ш | Obstetrical Cesarean/Deliv | | X | Rehabilitation Therapy | |
| | IntensiveCare | X | Anesthesia | | | | | | |
| | Pediatric/Adol escent | | Clinical Lab | | Obstetrical Recovery | | Ш | Renal Dialysis | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | | Outpatient Surgery | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | П | _ | | | Central Plant | |
| | Intermediate Care | | Dietetic | | Emergency | | | ooman am | |
| | Skilled Nursing | | Administration | | Nuclear Medicine | | X | Support Services | |

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Report whether the general acute care services and beds will be relocated to a new or retrofittrd building and any corresponding building sites or project numbers per Section 130061(c)(2)(E)

| Building Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building? Nursing N/A |
|--|
| Building Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building? Pediatric Adolescent N/A Building Name: Main Tower and North Wing Main Tower and North Wing Main Tower and North Wing N/A |
| Building Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building? Intermediate Care N/A |
| Building 01 Building Name: Main Tower and North Wing |

| Report Year: | 2010 10856 Regiona | I Medical of San Jose | San Jose | Page:24 of 50 |
|---|---|---|----------|---------------|
| Building Number: Will general acu Administration | 01 Building Name: tr care services and beds will be | Main Tower and North Wing relocated to a new or retrofittrd building? | , | |
| Building Number: Will general acu Support Service | | Main Tower and North Wing relocated to a new or retrofittrd building? | | |
| Building Number: Will general acu Rehabilitation Therapy | 01 Building Name: tr care services and beds will be | Main Tower and North Wing relocated to a new or retrofittrd building? | , | |
| Building Number: Will general acu Medical/Surgica (Include GYN) | | Main Tower and North Wing relocated to a new or retrofittrd building? | , | |

| Report Year: | 2010 10856 Regional | Medical of San Jose | San Jose | Page:25 of 50 |
|--|--|--|----------|---------------|
| Building Number: Will general acut Pediatric | 01 Building Name: tr care services and beds will be re | Main Tower and North Wing elocated to a new or retrofittrd building? | | |
| Building Number: Will general acut Intermediate Car | | Main Tower and North Wing elocated to a new or retrofittrd building? | | |
| Building Number: Will general acut Nursing | D2 Building Name: tr care services and beds will be re | South Wing elocated to a new or retrofittrd building? | | |
| Building Number: Will general acut Intensive Care | D2 Building Name: tr care services and beds will be re Relocated to new building | South Wing elocated to a new or retrofittrd building? | | |

| Report Year: | 2010 10856 Regiona | al Medical of San Jose | San Jose | Page:26 of 50 |
|--|--|--|----------|---------------|
| Building Number: Will general acu Pharmaceutical | | South Wing relocated to a new or retrofittrd building? | , | |
| Building Number: Will general acu Dietetic | 02 Building Name: utr care services and beds will be | South Wing relocated to a new or retrofittrd building? |)] | |
| Building Number: Will general acu Administration | 02 Building Name: utr care services and beds will be | South Wing relocated to a new or retrofittrd building? | , | |
| Building Number: Will general acu Support Service | | South Wing relocated to a new or retrofittrd building? |)] | |

| Report Year: | 2010 10856 Regiona | al Medical of San Jose | San Jose | Page:27 of 50 |
|--|--|---|----------|---------------|
| Building Number: Will general acu Nuclear Medicin | | South Wing relocated to a new or retrofittrd building? | | |
| Building Number: Will general acu CentralPlant | 02 Building Name: utr care services and beds will be | South Wing relocated to a new or retrofittrd building? | | |
| Building Number: Will general acu Intensive Care | 03 Building Name: utr care services and beds will be | Obstetrics Wing relocated to a new or retrofittrd building? | | |
| Building Number: Will general acu Anesthesia | 03 Building Name: utr care services and beds will be | Obstetrics Wing relocated to a new or retrofittrd building? | | |

| Report Year: | 2010 10856 Regiona | Medical of San Jose | San Jose | Page:28 of 50 | | | |
|---|--------------------|--|----------|---------------|--|--|--|
| Building Number: Will general acu Support Service | | Obstetrics Wing elocated to a new or retrofittrd building? | | | | | |
| Building Number: Will general acu Obstetrical Cesarean/Deliv | N/A | Obstetrics Wing elocated to a new or retrofittrd building? | | | | | |
| Building Name: Obstetrics Wing Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building? Obstetrical Recovery N/A | | | | | | | |
| Building Number: Will general acu Newborn/Well B | | Obstetrics Wing elocated to a new or retrofittrd building? | | | | | |

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|---|------------|------------------------------|-------------------|---------------|--|--|--|--|--|
| Building Number: | | ding Name: Obstetrics Wing | ofittrd building? | | | | | | |
| Will general acutr care services and beds will be relocated to a new or retrofittrd building? Rehabilitation Therapy N/A | | | | | | | | | |
| Building Name: Obstetrics Wing Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building? CentralPlant N/A | | | | | | | | | |
| Building Name: Obstetrics Wing Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building? Intensive Care N/A | | | | | | | | | |
| Newborn Nurser | | | | | | | | | |

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

| Building Number: | 01 | Building Name: | Ma | ain Tower and North V | Ving | | | | |
|------------------|------------------------------|----------------|----|--------------------------|------|-------------------------------|---|---------------------------|--|
| Type of Service | e Provided | | _ | | | | | | |
| | | L | | Surgical | Ш | Obstetrical Cesarean/Deliv | X | Rehabilitation Therapy | |
| | Nursing | | | Anesthesia | | | | | |
| | IntensiveCare | , | _ | | Ш | Obstetrical Recovery | Ш | Renal Dialysis | |
| | Pediatric/Adol escent | ı | | Clinical Lab | | Newborn/ | | Outpatient Surgery | |
| | Dovekistria | | | Radiological/ Imaging | | WellBaby | | ou.go.y | |
| | Psychiatric Nursing | | | Pharmaceutical | | Emergency | | Central Plant | |
| | Obstetrical Ante/Postprtu | m [| | Dietetic | | Nuclear Medicine | X | Support Services | |
| | Intermediate Care | × | | Administration | | | | | |
| П | Skilled Nursin | ıg | | | | | | | |

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|--------------|------|-------|------------------------------|----------|---------------|

Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

| Building Number: | 02 | Building Name: | South Wing | | | |
|------------------|------------------------------|----------------|--------------------------|----------------------------|---|---------------------------|
| Type of Service | e Provided | | | | | |
| | | | Surgical | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| | Nursing | | Anesthesia | | | |
| | IntensiveCare | , | | Obstetrical Recovery | | Renal Dialysis |
| | Pediatric/Adol | , L | Clinical Lab | | | Outpatient |
| | | | Radiological/ Imaging | Newborn/ WellBaby | | Surgery |
| | Psychiatric Nursing | | Pharmaceutical | Emergency | X | Central Plant |
| | Obstetrical Ante/Postprtu | m | | Nuclear | Х | Support |
| | o, . co.prid | | Dietetic | Medicine | Ш | Services |
| | Intermediate Care | | Administration | | | |
| | Skilled Nursin | g | | | | |

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|--------------|------|-------|--|------------------------------|--|----------|---------------|

Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

| Building Number: | 03 | Building Name: | Obstetrics Wing | | | |
|------------------|------------------------------|----------------|--------------------------|----------------------------|---|---------------------------|
| Type of Servic | e Provided | | | | | |
| | | | Surgical | Obstetrical Cesarean/Deliv | X | Rehabilitation Therapy |
| | Nursing | | X Anesthesia | _ | | |
| | IntensiveCare | , | _ | Obstetrical Recovery | | Renal Dialysis |
| | Pediatric/Ado | , [| Clinical Lab | Newborn/ | | Outpatient Surgery |
| | | | Radiological/ Imaging | WellBaby | | Surgery |
| | Psychiatric Nursing | | Pharmaceutical | Emergency | X | Central Plant |
| | Obstetrical Ante/Postprtu | m _ | | Nuclear | Х | Support |
| | | | Dietetic | Medicine | | Services |
| | Intermediate Care | | Administration | | | |
| | Skilled Nursin | g | | | | |

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Number: | 01 | Building Na | me: Main Tower an | nd North Win | ng | | |
|------------------|-------------------------------|-------------|--------------------------|--------------|-------------------------------|---|---------------------------|
| Configuration : | Remove from GAC | service by | 1/1/2015 | | | | |
| Type of Servi | ce Provided | | | | | | |
| 1 | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | X | Rehabilitation Therapy |
| | ntensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | | Central Plant |
| | ntermediate | | Dietetic | | | | |
| | Care Skilled Nursing | X | Administration | | Nuclear Medicine | X | Support Services |

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Number: | 02 | Building Na | me: South Wing | | | |
|------------------|-----------------------------|-------------|--------------------------|-------------------------------|-----|---------------------------|
| Configuration : | Remove from GAC | Service by | 1/1/2015 | | | |
| Type of Service | e Provided | | | | | |
| N | ursing | | Surgical | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| In | tensiveCare | | Anesthesia | Obstetrical | | Renal Dialysis |
| | ediatric/Adol scent | | Clinical Lab | Recovery | | |
| | sychiatric ursing | | Radiological/ Imaging | Newborn/ WellBaby | | Outpatient Surgery |
| | bstetrical nte/Postprtum | | Pharmaceutical | Emergency | X | Central Plant |
| | termediate are | | Dietetic | Nuclear Medicine | IX. | Cuppert |
| | killed Nursing | | Administration | Nucleal Medicine | | Support Services |

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Number: | 03 | Building Na | me: Obstetrics Win | ng | | | |
|------------------|-----------------------------|-------------|--------------------------|----------|-------------------------------|-------------------------|---------------------------|
| Configuration : | Remove from GAC | Service by | 1/1/2015 | | | | |
| Type of Servic | e Provided | | | | | | |
| N | ursing | | Surgical | | Obstetrical Cesarean/Deliv | X | Rehabilitation Therapy |
| In | ntensiveCare | X | Anesthesia | | Obstetrical | | Renal Dialysis |
| | ediatric/Adol scent | | Clinical Lab | | Recovery | | |
| | sychiatric lursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| _ | bstetrical nte/Postprtum | | Pharmaceutical | | Emergency | $\overline{\mathbf{x}}$ | Central Plant |
| | ntermediate | | Dietetic | □ | Lineigonoy | <u></u> | Contrar Flant |
| | are killed Nursing | | Administration | | Nuclear Medicine | X | Support Services |

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

| Building Numbe | r: 04 | Building Na | Building Name: Emergency Department Building | | | | | | | | |
|----------------------------------|-------------------------------|-------------------------------|--|---|-------------------------------|--|---------------------------|--|--|--|--|
| Configuration Retrofit Conformin | | ng building to NPC 4 or NPC 5 | | | | | | | | | |
| Type of Service Provided | | | | | | | | | | | |
| X | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | | |
| | IntensiveCare | | Anesthesia | | Obstetrical Recovery | | Renal Dialysis | | | | |
| 1 1 | Pediatric/Adol escent | | Clinical Lab | | | | | | | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | X | Emergency | | Central Plant | | | | |
| | Intermediate | | Dietetic | | | | 22 | | | | |
| | Care Skilled Nursing | | Administration | | Nuclear Medicine | | Support Services | | | | |

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|--------------|------|-------|------------------------------|----------|---------------|

| Building Numbe | er: 05 | Building Na | me: Lab Building | | | | |
|----------------|-------------------------------|---------------|--------------------------|---------|-------------------------------|---|---------------------------|
| Configuration: | Retrofit Conformin | g building to | NPC 4 or NPC 5 | | | | |
| Type of Serv | rice Provided | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| | IntensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis |
| | Pediatric/Adol escent | Х | Clinical Lab | | Recovery | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | | Central Plant |
| | Intermediate | | Dietetic | <u></u> | Line.geney | _ | Some Figure |
| | Care Skilled Nursing | | Administration | | Nuclear Medicine | | Support Services |

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| Building Number: | 06 | Building Nar | me: Surgery Building | | | | |
|------------------|-------------------------------|---------------|--------------------------|---|-------------------------------|---|---------------------------|
| Configuration : | Retrofit Conformin | g building to | NPC 4 or NPC 5 | | | | |
| Type of Service | e Provided | | | | | | |
| X | lursing | X | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy |
| Ir | ntensiveCare | X | Anesthesia | | Obstetrical | | Renal Dialysis |
| | Pediatric/Adol scent | | Clinical Lab | | Recovery | | |
| | Psychiatric Jursing | | Radiological/ Imaging | | Newborn/ WellBaby | X | Outpatient Surgery |
| | Obstetrical .nte/Postprtum | | Pharmaceutical | П | Emergency | | Central Plant |
| | ntermediate Care | | Dietetic | | Nuclear Medicine | | Support |
| | Skilled Nursing | | Administration | | nuclear Medicine | X | Support Services |

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| Building Numbe | Building Number: 07 Building Name: ICU/CCU Building | | | | | | | | | |
|----------------|---|---------------|--------------------------|---|-------------------------------|---|---------------------------|--|--|--|
| Configuration: | Retrofit Conforming | g building to | NPC 4 or NPC 5 | | | | | | | |
| Type of Serv | rice Provided | | | | | | | | | |
| | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | | | |
| X | IntensiveCare | | Anesthesia | | Obstetrical | | Renal Dialysis | | | |
| I I | Pediatric/Adol escent | | Clinical Lab | | Recovery | | | | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | | Outpatient Surgery | | | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | П | Emergency | | Central Plant | | | |
| | Intermediate Care | | Dietetic | | | | Suggest | | | |
| | Skilled Nursing | | Administration | | Nuclear Medicine | X | Support Services | | | |

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| Building Numbe | er: 08 | Building Na | me: 7A Outpatient S | Surgery Cer | nter | | | |
|-----------------|-------------------------------|---------------|--------------------------|-------------|-------------------------------|---|---------------------------|--|
| Configuration : | Retrofit Conformin | g building to | NPC 4 or NPC 5 | | | | | |
| Type of Serv | Type of Service Provided | | | | | | | |
| X | Nursing | | Surgical | | Obstetrical Cesarean/Deliv | | Rehabilitation Therapy | |
| | IntensiveCare | X | Anesthesia | | Obstetrical | | Renal Dialysis | |
| | Pediatric/Adol escent | | Clinical Lab | | Recovery | | | |
| | Psychiatric Nursing | | Radiological/ Imaging | | Newborn/ WellBaby | X | Outpatient Surgery | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | Emergency | | Central Plant | |
| | Intermediate | | Dietetic | | Emergency | | Central Flant | |
| | Care Skilled Nursing | | Administration | | Nuclear Medicine | | Support Services | |

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| Buildi | ng Number: 04 | Building | Name: En | nergency De | epartment Building | | | | |
|--------|-------------------------------|-------------------|----------|-------------|--------------------------|----------------------------|------------------------|--|--|
| Туре | Type of Service Provided | | | | | | | | |
| X | Nursing | Inpatient Beds | 0 | | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | |
| | IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | | |
| | Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Renal Dialysis | | |
| | Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | |
| | Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | X Emergency | Central Plant | | |
| | Intermediate Care | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | Support Services | | |
| | Skilled Nursing | Inpatient Beds | 0 | | Administration | | | | |
| | Total Beds this Building | | 0 | | | | | | |

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| Building Number: 05 | Buildir | ng Name: Lal | b Building | | | | | | |
|-----------------------------|-------------------|--------------|------------|--------------------------|----------------------------|------------------------|--|--|--|
| Type of Service Provided | | | | | | | | | |
| Nursing | Inpatient Beds | 0 | | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | X | Clinical Lab | Obstetrical Recovery | Renal Dialysis | | | |
| Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Emergency | Central Plant | | | |
| Intermediate Care | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | Support Services | | | |
| Skilled Nursing | Inpatient Beds | 0 | | Administration | | | | | |
| Total Beds this Building | | 0 | | | | | | | |

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| Building Number: 06 | | | | | | | | |
|-----------------------------|-------------------|---|-----------------|----------------------------|-------------------------|--|--|--|
| Type of Service Provided | | | | | | | | |
| X Nursing | Inpatient Beds | 0 | X Surgica | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| IntensiveCare | Inpatient Beds | 0 | X Anesthe | esia | | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | Clinical | Lab Obstetrical Recovery | Renal Dialysis | | | |
| Psychiatric Nursing | Inpatient Beds | 0 | Radiolo Imaging | | X Outpatient Surgery | | | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | Pharma | aceutical Emergency | Central Plant | | | |
| Intermediate Care | Inpatient Beds | 0 | Dietetic | Nuclear Medicine | X Support Services | | | |
| Skilled Nursing | Inpatient Beds | 0 | Adminis | stration | | | | |
| Total Beds this Building | | 0 | | | | | | |

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| Building Number: 07 | | | | | | | | |
|-----------------------------|-------------------|----|------------------------|----------------------------|------------------------|--|--|--|
| Type of Service Provided | | | | | | | | |
| Nursing | Inpatient Beds | 0 | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | | |
| X IntensiveCare | Inpatient Beds | 24 | Anesthesia | | | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | Clinical Lab | Obstetrical Recovery | Renal Dialysis | | | |
| Psychiatric Nursing | Inpatient Beds | 0 | Radiologica Imaging | I/ Newborn/ WellBaby | Outpatient Surgery | | | |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | Pharmaceu | tical Emergency | Central Plant | | | |
| Intermediate Care | Inpatient Beds | 0 | Dietetic | Nuclear Medicine | X Support Services | | | |
| Skilled Nursing | Inpatient Beds | 0 | Administrati | on | | | | |
| Total Beds this Building | | 24 | | | | | | |

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|--------------|------|-------|--|------------------------------|--|----------|---------------|

| Build | | | | | | | | | |
|-------|-------------------------------|-------------------|---|---|--------------------------|----------------------------|-------------------------|--|--|
| Тур | Type of Service Provided | | | | | | | | |
| X | Nursing | Inpatient Beds | 0 | | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | |
| | IntensiveCare | Inpatient Beds | 0 | X | Anesthesia | | | | |
| | Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Renal Dialysis | | |
| | Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | X Outpatient Surgery | | |
| | Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Emergency | Central Plant | | |
| | Intermediate Care | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | Support Services | | |
| | Skilled Nursing | Inpatient Beds | 0 | | Administration | | | | |
| | Total Beds this Building | | 0 | | | | | | |

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| Building Number: | 04 | Building Name: Eme | rgency Department Build | ing | | |
|-----------------------|---------------------|-------------------------------|-------------------------|--|--|--|
| Medical / Surgical (I | nclude GYN) | Acute Respiratory | Care | Acute Psychiatric | | |
| Inpatient 0 Bed | Inpatient (| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | | |
| Perinatal (excluse N | ewborn / GYN) | Burn | | Skilled Nursing | | |
| Inpatient 0 Bed | Inpatient C Days | Inpatient 0 | Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | | |
| Pediatric | | intensive Care New Nursery | vborn | Intermediate Card | | |
| Inpatient 0 Bed | Inpatient C Days | Inpatient 0 | Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | | |
| Intensive Care | | Rehabilitation Center | | Int. Care / development Disabled | | |
| Inpatient 0 Bed | Inpatient C Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient 0 Days | | |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit Total Beds this Building Per Service | | |
| Inpatient 0 Bed | Inpatient C Days | Inpatient 0 | Inpatient 0 Days | 0 0 | | |

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| Building Number: | 5 Build | ing Name: Lab Building | | |
|-------------------------|---------------------|-----------------------------------|---|--|
| Medical / Surgical (Inc | lude GYN) | Acute Respiratory Care | Acute Psychi | atric |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient Days | 0 Inpatient Bed | 0 Inpatient 0 Days |
| Perinatal (excluse Nev | wborn / GYN) | Burn | Skilled Nursi | ng |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient Days | 0 Inpatient Bed | 0 Inpatient 0 Days |
| Pediatric | | intensive Care Newborn Nursery | Intermediate | Card |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient Days | 0 Inpatient Bed | 0 Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | Int. Care / de ^v Disabled | velopment |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient Days | 0 Inpatient Bed | 0 Inpatient 0 Days |
| Coronary Care | | Chemical Dependency | Total Beds th Building Per Unit | nis Total Beds this Building Per Service |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Inpatient Days | 0 | 0 0 |

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| Building Number: | Build | ing Name: Surg | ery Building | | | |
|-------------------------|---------------------|-------------------------------|---------------------|---|--|--|
| Medical / Surgical (Inc | clude GYN) | Acute Respiratory | Care | Acute Psychiatric | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 | Inpatient 0 Days | |
| Perinatal (excluse Nev | wborn / GYN) | Burn | | Skilled Nursing | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | |
| Pediatric | | intensive Care New Nursery | vborn | Intermediate Card | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | |
| Intensive Care | | Rehabilitation Center | | Int. Care / develop | ment | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 | Inpatient 0 Bed | Inpatient 0 Days | |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | 0 | 0 | |

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| Building Number: | 7 Build | ing Name: | CCU Building | | | |
|-------------------------|------------------------|-------------------------------|---------------------|---|--|--|
| Medical / Surgical (Inc | lude GYN) | Acute Respiratory | Care | Acute Psychiatric | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | |
| Perinatal (excluse Nev | wborn / GYN) | Burn | | Skilled Nursing | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | |
| Pediatric | | intensive Care New Nursery | wborn | Intermediate Card | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | |
| Intensive Care | | Rehabilitation Center | | Int. Care / develop Disabled | ment | |
| Inpatient 24 Bed | Inpatient 6804 Days | Inpatient 0 Bed | Inpatient 0 | Inpatient 0 Bed | Inpatient 0 Days | |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | 24 | 34 | |

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| Building Number: | 08 Build | ling Name: 7A 0 | Outpatient Surgery Cente | r | | |
|------------------------|---------------------|------------------------------|--------------------------|---|--|--|
| Medical / Surgical (Ir | nclude GYN) | Acute Respiratory | / Care | Acute Psychiatric | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | |
| Perinatal (excluse N | ewborn / GYN) | Burn | | Skilled Nursing | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | |
| Pediatric | | intensive Care Ne Nursery | wborn | Intermediate Card | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | |
| Intensive Care | | Rehabilitation Center | | Int. Care / develop Disabled | ment | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | 0 | 0 | |